

State of Arizona-Benefit Options

2004 Preferred Medication List

Medication Categories Guide—Effective July 1, 2004

About Your Preferred Medication List (PML)

This preferred medication list (also sometimes referred to as a formulary) is a list of medications preferred by your plan. When your doctor prescribes medications from this list, it can help you make the most of your pharmacy plan benefits and control your prescription medication costs.

All the specially selected medications listed have received U.S. Food and Drug Administration (FDA) approval as safe and effective. All medications on this list have been chosen by a committee of physicians and pharmacists.

This list also is available alphabetically on our web site: www.mywhi.com (click on “Download Formulary” under “Member Services”).

How to Use This Medication Categories Guide

Use this Guide to locate brand and generic medication alternatives that may have a lower copayment than non-preferred brand drugs. Share this Guide with your physician, and encourage him or her to authorize a generic alternative for you whenever appropriate.

Your Three-tier Copayment Plan and the PML

The chart at top right describes the three-tier copayment options your plan provides:

- **1st tier:** includes less-costly generic medications (listed below in lower-case letters). These medications generally have the lowest copayment.
- **2nd tier:** includes PREFERRED BRANDS on the PML (listed below in all UPPER-CASE LETTERS). These medications usually have a mid-level copayment.
- **3rd tier:** includes non-preferred brands (not listed on the PML). When a generic version of a brand-name medication becomes available, most brand-name drugs move to the highest copayment tier. Likewise, if only one generic product is available for a medication, it may be placed on a higher tier. These medications are rarely listed on this Guide since they do not minimize costs as effectively as other medications listed.
- **Cigna Preferred Medications/WHI Non-Preferred Brands:** some of the medications that were preferred brands under Cigna’s formulary are non-preferred brands under the WHI PML. These medications will be considered 2nd tier until December 31, 2004.

THREE-TIER COPAY LEVEL	TYPE OF MEDICATION
1 st tier—Lowest Copayment	Most generic medications
2 nd tier—Middle Copayment	PREFERRED BRAND medications on the formulary with no generic available
3 rd tier—Highest Copayment	Non-preferred brands or brands with a generic available

Copayments and coverage of medications and medication categories can vary by plan. This Guide is meant to be a source of general information about the PML.

Medications Not Found on This Guide

Due to space limitations, not all medications on the PML could be listed on this Guide. If you are unable to locate your medication on this list, please remember the following:

- Most generic medications are preferred by your plan—usually at the lowest copayment.
- For easy reference, when a medication is used to treat more than one condition, it usually will be listed under only one category. Check different categories for your medication, or consult the alphabetical guide.
- Your medication may have been added to the list after it was printed.

For More Information About this Guide

This Guide may change to reflect current medication availability and tier placement. You can find the most recent update at www.mywhi.com (click on “Download Formulary” under “Member Services”).

Walgreens Health Initiatives’ online PML Medication Categories Guide is updated regularly—every calendar quarter or more often if needed—to reflect important changes.

Please note: This Guide is subject to change without notice. For assistance, please contact Member Services at 1-866-722-2141.

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Under each therapeutic class category heading, generic medications are listed in lower-case (small) letters and preferred brand medications are listed in UPPER-CASE (CAPITAL) letters.

ANTIASTHMATICS AND COPD

BRONCHIAL DILATORS

albuterol inhaler
albuterol sulfate solution
albuterol sulfate syrup
albuterol sulfate tablets

ipratropium bromide
ALUPENT INHALER
ATROVENT INHALER
COMBIVENT
FORADIL
PROVENTIL HFA
SEREVENT DISKUS

BRONCHIAL DILATOR AND GLUCOCORTICOID COMBINATIONS

ADVAIR DISKUS

CORTICOSTEROID INHALED MEDICATIONS

AZMACORT
FLOVENT

FLOVENT ROTADISK
PULMICORT RESPULES
PULMICORT
TURBUHALER

LEUKOTRIENE RECEPTOR ANTAGONISTS
SINGULAIR

MAST CELL STABILIZERS
cromolyn nebulized solution
INTAL INHALER

ANTI-INFECTIVES

ANTIFUNGAL AGENTS
ketoconazole
nystatin

DIFLUCAN
DIFLUCAN 150MG
TABLET
GRIS-PEG
LAMISIL
VFEND

ANTIMALARIAL AGENTS

hydroxychloroquine
mefloquine
MALARONE

ANTIPARASITIC AND ANTIPROTOZOAL AGENTS

mebendazole
metronidazole
OVIDE

ANTIVIRALS

acyclovir
CYTOMEGALOVIRUS
VALCYTE

HERPES
VALTREX

CEPHALOSPORINS

1ST GENERATION
cefadroxil
cephalexin

2ND GENERATION
cefaclor
cefuroxime
CEFZIL

3RD GENERATION
OMNICEF

INTRAVAGINAL ANTIBIOTICS

METROGEL-VAGINAL
GEL

MACROLIDES

erythromycin oral
BIAXIN
BIAXIN XL
ZITHROMAX

NITROFURAN DERIVATIVES

nitrofurantoin macrocrystals

PENICILLINS

amoxicillin
amoxicillin trihydrate
potassium clavulanate
ampicillin
dicloxacillin
penicillin VK
AUGMENTIN ES-600
SUSPENSION
AUGMENTIN XR

QUINOLONES

ciprofloxacin
ofloxacin
AVELOX
LEVAQUIN

SULFONAMIDES

sulfamethoxazole
trimethoprim
GANTRISIN

TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

TUBERCULOSIS AGENTS

isoniazid

MISCELLANEOUS ANTIBIOTICS

clindamycin oral

BLOOD FORMATION AND COAGULATION

ANTICOAGULANTS

warfarin
COUMADIN

PLATELET INHIBITORS

dipyridamole
pentoxifylline ext-rel
PLAVIX

MISCELLANEOUS
AGRYLIN
MEPHYTON

CANCER THERAPY

All oral agents under this class are on the PML, if FDA approved.

CARDIOVASCULAR

BLOOD PRESSURE AGENTS

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
ALTACE

ACE INHIBITOR COMBINATIONS

benazepril/hctz
captopril/hctz
enalapril/hctz
lisinopril/hctz
LOTREL

ANGIOTENSIN RECEPTOR BLOCKERS (ARBs)

AVAPRO
BENICAR
COZAAR

ANGIOTENSIN RECEPTOR BLOCKERS (ARBs) COMBINATIONS

AVALIDE
BENICAR HCT
HYZAAR

BETA-BLOCKERS

acebutolol
atenolol
labetalol
metoprolol
nadolol
propranolol
sotalol

COREG

INDERAL LA
INNOPRAN XL
TOPROL XL

BLOOD PRESSURE AGENTS—COMBINATION

atenolol/chlorthalidone
bisoprolol/hctz

CALCIUM CHANNEL BLOCKERS

diltiazem ext-rel
nifedipine ext-rel
verapamil
verapamil ext-rel
NORVASC

CENTRAL NERVOUS SYSTEM AGENTS

clonidine
guanfacine
hydralazine
methyldopa
CATAPRES-TTS

VASODILATORS

isosorbide mononitrate ext-rel
nitroglycerin

CHOLESTEROL AGENTS

CHOLESTEROL BINDING AGENTS

cholestyramine
WELCHOL

CHOLESTEROL REDUCING AGENTS — MISCELLANEOUS

gemfibrozil
LOFIBRA 200MG CAPSULE

NIASPAN
TRICOR
ZETIA

CHOLESTEROL REDUCING AGENTS —STATINS

lovastatin
CRESTOR
LIPITOR
PRAVACHOL
PRAVIGARD PAC

DIURETICS

LOOP

bumetanide
furosemide
torsemide

POTASSIUM SPARING

spironolactone

POTASSIUM SPARING COMBINATIONS

amiloride/hctz
spironolactone/hctz
triamterene/hctz

THIAZIDES

chlorthalidone
hydrochlorothiazide
metolazone

HEART RHYTHM STABILIZERS

amiodarone

DIGITALIS GLYCOSIDES
digoxin

LANOXIN
LANOXICAPS

CENTRAL NERVOUS SYSTEM AGENTS

ALZHEIMER AGENTS

ARICEPT
EXELON
REMINYL

ANALGESICS

NARCOTICS

acetaminophen/codeine
butalbital/cafeine
acetaminophen/codeine
hydrocodone/acetaminophen
meperidine
morphine sulfate ext-rel
oxycodone
oxycodone/acetaminophen
propoxyphene/acetaminophen
DURAGESIC
OXYCONTIN

NON-NARCOTICS (NSAIDS)

diclofenac sodium
etodolac
flurbiprofen
ibuprofen
indomethacin
ketorolac
nabumetone
naproxen
naproxen sodium
oxaprozin
piroxicam
sulindac

NON-NARCOTIC AGENTS—ASPIRIN CONTAINING

butalbital compound

NON-NARCOTIC AGENTS—OTHER

butalbital/acetaminophen/
cafeine

MISCELLANEOUS
tramadol

ANTI-ANXIETY AGENTS

alprazolam
buspirone
diazepam
lorazepam
oxazepam

ANTICONVULSANTS

carbamazepine
clonazepam
phenobarbital
phenytoin ext-rel
primidone
valproic acid
CARBATROL
DEPAKENE
DEPAKOTE
DEPAKOTE ER
DIASAT
DILANTIN
GABITRIL
KEPPRA
LAMICTAL
NEURONTIN
PHENYTEK

TEGRETOL
TEGRETOL XR
TOPAMAX
TRILEPTAL
ZONEGRAN

ANTIDEPRESSANTS

ALPHA-2 RECEPTOR ANTAGONIST

mirtazapine
mirtazapine soltab

NDRI

bupropion
bupropion ext-rel

SARI

trazodone

SNRI

EFFEXOR
EFFEXOR XR

SSRI

fluoxetine
paroxetine
LEXAPRO
ZOLOFT

TCA

amitriptyline
desipramine
doxepin
imipramine hcl
nortriptyline

MISCELLANEOUS
SYMBYAX

ANTIPARKINSONISM AGENTS

ANTICHOLINERGIC

amantadine
benztropine
trihexylphenidyl

MISCELLANEOUS

carbidopa/levodopa
pergolide
COMTAN
MIRAPEX
REQUIP
STALEVO

ANTIPSYCHOTICS

haloperidol
RISPERDAL
SEROQUEL
ZYPREXA
ZYPREXA ZYDIS

ATTENTION DEFICIT— HYPERACTIVITY (ADHD)

amphetamine mixed salts
methylphenidate
ADDERALL XR
CONCERTA
METADATE CD 20MG
CAPSULE
STRATTERA

BIPOLAR AGENTS

lithium carbonate
lithium carbonate ext-rel
ESKALITH CR
LITHOBID

MIGRAINE AGENTS

IMITREX

MAXALT
MAXALT MLT
RELPAK
ZOMIG
ZOMIG ZMT

SLEEP AIDS

flurazepam
hydroxyzine
temazepam
triazolam
AMBIEN
RESTORIL 7.5MG
CAPSULE
SONATA

COUGH, COLD, AND ALLERGY AGENTS

ANTIALLERGY—
ANTIHISTAMINE AGENTS
ALLEGRA
ALLEGRA-D

COUGH AND COLD PREPARATIONS

benzonatate
promethazine/codeine

EXPECTORANTS

guaifenesin
guaifenesin/codeine
guaifenesin/pseudoephedrine
ext-rel
hydrocodone/guaifenesin

DIABETIC AGENTS AND MONITORING

ANTIDIABETIC AGENTS—ORAL

glipizide
glipizide ext-rel
glyburide
glyburide micronized
metformin
metformin ext-rel
ACTOS
AMARYL
AVANDAMET
AVANDIA
GLUCOVANCE
METAGLIP
PRANDIN
PRECOSE
STARLIX

BLOOD SUGAR DIAGNOSTICS

ACCU-CHEK
FAST TAKE
ONE TOUCH
SURESTEP
SURESTEP PRO

BLOOD SUGAR
INCREASING AGENTS
GLUCAGON EMERGENCY
KIT

INSULINS

HUMALOG
HUMALOG MIX 75/25
HUMULIN 50/50
HUMULIN 70/30

HUMULIN L
HUMULIN N
HUMULIN R
HUMULIN U
LANTUS
NOVOLIN 70/30
NOVOLIN INNOLET 70/30
NOVOLIN INNOLET N
NOVOLIN L
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NOVOPEN

EYE, EAR, NOSE, AND THROAT AGENTS

ALLERGY AGENTS AND
ANTIHISTAMINES—EYE
cromolyn 4% ophthalmic
drops
ALAMAST
OPTIVAR
ZADITOR

ALLERGY
AGENTS—NOSE
flunisolide
NASACORT AQ
NASONEX
RHINOCORT AQUA

ANTIBIOTICS—EAR
FLOXIN OTIC

ANTIBIOTICS—EYE
erythromycin ophthalmic
gentamicin ophthalmic
neomycin/polymyxin B
bacitracin ointment
neomycin/polymyxin B
gramicidin solution
polymyxin B/trimethoprim
sulfacetamide 10% ophthalmic
drops
tobramycin ophthalmic
OCUFLOX
QUIXIN
TOBRADEX
VIGAMOX
ZYMAR

ANTIHISTAMINES—NOSE
ASTELIN

ANTI-INFLAMMATORY
AGENTS—EYE
neomycin/polymyxin B
dexamethasone
prednisolone 1% ophthalmic
drops
ACULAR
ACULAR LS
ALREX
LOTEMAX
VOLTAREN OPHTHALMIC

ANTIVIRAL
AGENTS—EYE
trifluridine

GLAUCOMA AGENTS

pilocarpine
timolol maleate
ALPHAGAN P

BETIMOL
COSOPT
LUMIGAN
TRUSOPT
XALATAN

NOSE AND EAR TOPICAL PREPARATIONS

antipyrine/benzocaine otc
BACTROBAN NASAL

MISCELLANEOUS

atropine 1% ophthalmic drops
atropine 1% ophthalmic
ointment

GASTROINTESTINAL AGENTS

ANTISPASMODICS
dicyclomine

CHRONIC INFLAMMATORY BOWEL DISORDERS

ASACOL
CANASA
COLAZAL
ENTOCORT EC
PENTASA
ROWASA

DIARRHEA TREATMENTS

diphenoxylate/atropine

GASTRIC ACID SECRETION REDUCERS/ ULCER THERAPY

cimetidine
famotidine
misoprostol
nizatidine
omeprazole
ranitidine tablets
sucralfate
PREVACID
PREVACID NAPRAPAC
PREVPAC

INTESTINAL MOTILITY STIMULANTS

metoclopramide

LAXATIVES

GOLYTELY
MIRALAX
NULYTELY
VISICOL

NAUSEA AGENTS

meclizine
prochlorperazine
promethazine
trimethoprim/benzamide
ZOFAN
ZOFAN ODT

PANCREATIC ENZYMES

pancreatic enzyme
preparations
CREON
ENZYMALAX
KU-ZYME
KU-ZYME HP
PANCREASE MT
PANCRECARB
ULTRASE

VIOLKASE

MISCELLANEOUS

sulfasalazine
ursodiol
URSO

HIV AGENTS

All medications used for the treatment of HIV are on the PML, if FDA approved.

HORMONES

ANTIDIURETIC AND VASOPRESSOR HORMONES

DDAVP tablets

CONTRACEPTIVES

INTRAVAGINAL
NUVARING

ORAL

MONOPHASIC

ethinyl estradiol/desogestrel
[Apro] [Zovia]
ethinyl estradiol/ethynodiol
[Aviane, Lessina, Levora, Portia]
ethinyl estradiol/norethindrone
[Microgestin, Necon, Norel]
ethinyl estradiol/norethindrone/iron [Microgestin Fe]
ethinyl estradiol/norgestimate
[Sprintec 28]
ethinyl estradiol/norgestrel
[Cryselle, Low-Ogestrel, Ogestrel]
YASMIN 28

BIPHASIC

ethinyl estradiol/desogestrel
[Velivet 28]
ethinyl estradiol/levonorgestrel
[Enpresse, Trivora-28]
ethinyl estradiol/norethindrone
[Norel 7/7/7]
ethinyl estradiol/norgestimate
[TriNessa, Tri-Sprintec]

TRIPHASIC

ethinyl estradiol/desogestrel
[Velivet 28]
ethinyl estradiol/levonorgestrel
[Enpresse, Trivora-28]
ethinyl estradiol/norethindrone
[Norel 7/7/7]
ethinyl estradiol/norgestimate
[TriNessa, Tri-Sprintec]
ESTROSTEP FE
ORTHO TRI-CYCLEN LO
TRI-NORINYL

PROGESTIN

norethindrone [Camila, Errin, Nora-BE]

OTHER

PLAN B
PREVEN

TRANSDERMAL
ORTHO EVRA

ESTROGENIC AGENTS AND COMBINATIONS

estradiol
estradiol transdermal
estropipate
ACTIVELLA
ALORA
CENESTIN
CLIMARA (0.025mg/day and 0.075mg/day)
COMBIPATCH
ESCLIM
ESTRACE CREAM
ESTRADERM
ESTRATEST
ESTRATEST H.S.
ESTRING
FEMHRT
FEMRING
GYNODIOL
MENEST
ORTHO-PREFEST
PREMARIN
PREMARIN VAGINAL
PREMPHASE
PREMPRO
VIVELLE
VIVELLE-DOT

GLUCOCORTICOIDS

dexamethasone
hydrocortisone
methylprednisolone
prednisolone 15mg/5ml syrup
prednisone
ORAPRED

OSTEOPOROSIS AGENTS

ACTIONEL
EVISTA
FORTEO
FOSAMAX

PROGESTINS

medroxyprogesterone acetate

THYROID HORMONES

levothyroxine sodium
[Levothy, Unithroid]
methimazole
ARMOUR THYROID
(15mg, 30mg, 120mg, 180mg, tablets)
CYTOMEL
SYNTHROID
THYROLAR

MISCELLANEOUS

DOSTINEX

IMMUNE SYSTEM AGENTS

All oral immuno-suppressant agents under this class are on the PML, if FDA approved.

MUSCULOSKELETAL AGENTS

ARTHRITIS AGENTS

CYCLOOXYGENASE
(COX-2) INHIBITORS
BEXTRA
CELEBREX
VIOXX

GOUT AGENTS

allopurinol
colchicine
probenecid

MUSCLE RELAXANTS

baclofen
carisoprodol
cyclobenzaprine
methocarbamol
tizanidine
DANTRIUUM

SKIN AND MUCOUS MEMBRANE AGENTS

ACNE AGENTS—ORAL

isotretinoin [Amnesteem,
Claravis]

ACNE AGENTS—TOPICAL

tretinoin
AZELEX 20% CREAM
RETIN-A MICRO

ROSACEA AGENTS

FINACEA 15% GEL
METROCREAM
METROGEL
METROLOTION
NORITATE
ROZEX

VITAMIN A AGENTS

DIFFERIN

ANTIBIOTICS

clindamycin/benzoyl gel
[Duac]
clindamycin topical
erythromycin/benzoyl gel
erythromycin topical
silver sulfadiazine
BACTROBAN

ANTIFUNGALS

clotrimazole/betamethasone
ketoconazole 2% cream
nystatin powder
nystatin/triamcinolone
LOPROX
NIZORAL 2% SHAMPOO

ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS (DERMATITIS)

CARAC
EFUDEX
ELIDEL
PROTOPIC

ANTIPSORIATIC AGENTS

DOVONEX
TAZORAC

ANTIVIRALS

CONDYLOX
ZOVIRAX 5% OINTMENT

CORTICOSTEROIDS

Listed by potency: Group I is
most potent; Group IV is least
potent

GROUP I

betamethasone dipropionate
0.05% ointment, augmented

clobetasol 0.05% cream
clobetasol 0.05% gel
clobetasol 0.05% ointment

GROUP II

betamethasone dipropionate
0.05% cream
betamethasone dipropionate
0.05% ointment
betamethasone valerate
0.1% ointment
desoximetasone 0.25% cream
fluocinonide 0.05% cream
fluocinonide 0.05% gel
fluocinonide 0.05% ointment
triamcinolone 0.5% cream
triamcinolone 0.5% ointment

GROUP III

betamethasone dipropionate
0.05% lotion
betamethasone valerate
0.1% cream
betamethasone valerate
0.1% lotion
fluocinolone 0.025% cream
fluocinolone 0.025% ointment
hydrocortisone valerate
0.2% cream
hydrocortisone valerate
0.2% ointment
mometasone furoate
0.1% ointment
triamcinolone 0.025% cream
triamcinolone 0.025% lotion
triamcinolone
0.025% ointment
triamcinolone 0.1% cream
triamcinolone 0.1% lotion
triamcinolone 0.1% ointment
DIPROLENE LOTION

GROUP IV

desonide 0.05% cream
desonide 0.05% lotion
desonide 0.05% ointment
fluocinolone 0.01% solution
hydrocortisone 1% cream
hydrocortisone 1% lotion
hydrocortisone 2.5% cream
hydrocortisone 2.5% lotion
hydrocortisone 2.5% ointment

MISCELLANEOUS

REGRANEX

UROLOGIC AGENTS

BENIGN PROSTATIC HYPERTROPHY

ALPHA BLOCKERS

doxazosin
terazosin
FLOMAX

VOIDING AGENTS

oxybutynin
DETROL
DETROL LA
OXYTROL

URINARY PH MODIFIERS

UROCIT-K

URINARY TRACT ANESTHETICS AND ANALGESICS

phenazopyridine
ELMIRON

VITAMINS, MINERALS, AND ELECTROLYTES

All generic prenatal vitamins
are on the PML.

ELECTROLYTE REPLACEMENTS

potassium chloride ext-rel

ELECTROLYTE STABILIZERS

PHOSLO
RENAGEL

MISCELLANEOUS AGENTS

ANTIALLERGIC/ ANAPHYLAXIS

ANA-KIT
EPIPEN
EPIPEN JR.

DRY MOUTH— SJOGREN'S SYNDROME

EVOXAC
SALAGEN

MASTOCYTOSIS

GASTROCROM

MYASTHENIA GRAVIS

pyridostigmine
MESTINON SYRUP
MESTINON TIMESPAN

SPECIALTY PHARMACY CATEGORIES

ANTIBIOTICS

TOBI

ANTIHEMOPHILIC FACTORS

ADVATE
HELIXATE
HUMATE
KOGENATE
RECOMBINATE

ANTI-INFLAMMATORY AGENTS/DMARDS

ENBREL
HUMIRA
KINERET

BLOOD CELL STIMULATORS

RED BLOOD CELLS
EPOGEN
PROCRIT

WHITE BLOOD CELLS
NEUPOGEN

ENZYMES

ALDURAZYME
CEREZYME
PULMOZYME

GROWTH HORMONES

GENOTROPIN
HUMATROPE
NORDITROPIN
NUTROPIN
NUTROPIN AQ
NUTROPIN DEPOT
PROTROPIN
SAIZEN
SEROSTIM

OTHER HORMONES

SANDOSTATIN

HEPARIN AND RELATED AGENTS (LMWH)

FRAGMIN
LOVENOX

HEPATITIS TREATMENT AGENTS

HEPATITIS B
EPIVIR-HBV
HEPSERA

HEPATITIS C

COPEGUS
INFERGEN
PEGASYS
PEG-INTRON
REBETOL
REBETRON

IMMUNOMODULATORS

INTRON A
ROFERON-A

MULTIPLE SCLEROSIS AGENTS

AVONEX
BETASERON
COPAXONE
NOVANTRONE
REBIF

PSORIASIS

AMEVIVE
RAPTIVA

OSTEOPOROSIS AGENTS

FORTEO

MISCELLANEOUS

LUPRON
SYNAGIS